

## Complete Summary

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### GUIDELINE TITLE

Preventive counseling and education - by topic.

### BIBLIOGRAPHIC SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Preventive counseling and education - by topic. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 69 p. [132 references]

### GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Preventive counseling and education. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Jul. 69 p.

## COMPLETE SUMMARY CONTENT

SCOPE  
 METHODOLOGY - including Rating Scheme and Cost Analysis  
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## SCOPE

### DISEASE/CONDITION(S)

Preventable diseases or conditions in the following topic areas:

1. Nutritional status: iron deficiency, obesity, osteoporosis
2. Physical activity: cardiovascular disease, hypertension, osteoporosis, obesity, stress, diabetes
3. Substance use/abuse
4. Traumatic injury due to motor vehicle and bicycle accidents, fire injury, poisoning, falls, hot water burns, drowning, choking, firearm injuries
5. Violence and abuse

6. Sexual practices: unintended pregnancy, sexually transmitted diseases
7. Mental health: depression, anxiety
8. Advance directives: terminal illnesses
9. Post menopausal hormone prophylaxis: osteoporosis
10. Skin cancer
11. Viral upper respiratory infection
12. Infant sleep positioning and sudden infant death syndrome (SIDS)
13. Preventive care visits
14. Preconception: birth defects due to teratogens, maternal health
15. Dental and periodontal disease: tooth decay, gum and bone disease

#### GUIDELINE CATEGORY

Counseling  
Prevention

#### CLINICAL SPECIALTY

Family Practice  
Internal Medicine  
Nutrition  
Pediatrics  
Preventive Medicine

#### INTENDED USERS

Advanced Practice Nurses  
Allied Health Personnel  
Health Care Providers  
Health Plans  
Hospitals  
Managed Care Organizations  
Nurses  
Physician Assistants  
Physicians

#### GUIDELINE OBJECTIVE(S)

- To improve the targeting of preventive counseling through the use of a risk assessment tool
- To increase counseling and education about good health and disease and injury prevention

#### TARGET POPULATION

Low-risk, asymptomatic children and adults

This guideline generally does not address the needs of pregnant women or individuals with chronic disorders.

#### INTERVENTIONS AND PRACTICES CONSIDERED

Preventive counseling and education on the following topics:

1. Nutrition
2. Physical activity
3. Substance use/abuse
4. Injury prevention
5. Violence and abuse
6. Sexual practices
7. Mental health
8. Advance directives
9. Post menopausal hormone prophylaxis
10. Skin cancer
11. Viral upper respiratory infection
12. Infant sleep positioning and sudden infant death syndrome (SIDS)
13. Preventive care
14. Preconception counseling
15. Dental and periodontal disease

#### Counseling and Education Tools

1. Daily calcium intake and food guide pyramid
2. Body mass index (BMI) and daily fat intake
3. Problem drinking
  - CAGE questionnaire
  - AUDIT structured interview
4. Sexual practices
5. Stress/coping skills

#### MAJOR OUTCOMES CONSIDERED

- Morbidity and mortality related to modifiable health behaviors
- Effectiveness of counseling and preventive interventions
- Effectiveness of risk reduction
- Effectiveness of screening and early detection

### METHODOLOGY

#### METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

#### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

No additional description of literature search strategies is available.

#### NUMBER OF SOURCE DOCUMENTS

Not stated

## METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

## RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Preventive counseling and education topics are classified according to the available evidence (good, fair, or insufficient per United States Preventive Services Task Force [USPSTF] rules) to support including or excluding the practices from a periodic health evaluation for asymptomatic, low-risk patients.

## METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

## DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

## METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

## RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

## COST ANALYSIS

The guideline developers reviewed published cost analyses.

## METHOD OF GUIDELINE VALIDATION

Clinical Validation-Pilot Testing  
Internal Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Institute Partners: System-Wide Review

The guideline annotation, discussion, and measurement specification documents undergo thorough review. Written comments are solicited from clinical, measurement, and management experts from within the member groups during an eight-week review period.

Each of the Institute's participating member groups determines its own process for distributing the guideline and obtaining feedback. Clinicians are asked to suggest modifications based on their understanding of the clinical literature coupled with their clinical expertise. Representatives from all departments

involved in implementation and measurement review the guideline to determine its operational impact. Measurement specifications for selected measures are developed by the Institute for Clinical Systems Improvement (ICSI) in collaboration with participating member groups following implementation of the guideline. The specifications suggest approaches to operationalizing the measure.

### Guideline Work Group

Following the completion of the review period, the guideline work group meets 1 to 2 times to review the input received. The original guideline is revised as necessary and a written response is prepared to address each of the responses received from member groups. Two members of the Preventive Services Steering Committee carefully review the input, the work group responses, and the revised draft of the guideline. They report to the entire committee their assessment of four questions: (1) Is there consensus among all ICSI member groups and hospitals on the content of the guideline document? (2) Has the drafting work group answered all criticisms reasonably from the member groups? (3) Within the knowledge of the appointed reviewer, is the evidence cited in the document current and not out-of-date? (4) Is the document sufficiently similar to the prior edition that a more thorough review (critical review) is not needed by the member group? The committee then either approves the guideline for release as submitted or negotiates changes with the work group representative present at the meeting.

### Pilot Test

Member groups may introduce the guideline at pilot sites, providing training to the clinical staff and incorporating it into the organization's scheduling, computer, and other practice systems. Evaluation and assessment occurs throughout the pilot test phase, which usually lasts for three to six months. At the end of the pilot test phase, ICSI staff and the leader of the work group conduct an interview with the member groups participating in the pilot test phase to review their experience and gather comments, suggestions, and implementation tools.

The guideline work group meets to review the pilot sites' experiences and makes the necessary revisions to the guideline, and the Preventive Services Steering Committee reviews the revised guideline and approves it for release.

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

The recommendations for preventive counseling and education are presented in the form of a table, accompanied by detailed annotations. Clinical Highlights and the Table follow.

Preventive counseling and education topics are classified according to the available evidence (good, fair, or insufficient per United States Preventive Services Task Force [USPSTF] rules) to support including or excluding the practices from a periodic health evaluation for asymptomatic, low-risk patients.

The levels of recommendation are provided at the end of the "Major Recommendations" field.

### Clinical Highlights

1. For individuals ages 7 to 65+, there is good evidence to support counseling on limiting saturated fat intake. (Annotation #1)
2. Providers are encouraged to promote breast-feeding of infants. Benefits include:
  - proper nutrient balance
  - avoidance of allergies
  - immunity enhancement
  - mother/child bonding

(Annotation #1)

3. Counseling on folic acid supplementation, to reduce risk of neural tube defects, is strongly recommended for women of childbearing age. (Annotation #1)
4. For individuals ages 13 to 65+, there is good evidence to support counseling and education on tobacco cessation and problem drinking. (Annotation #3)
5. Counsel and educate individuals ages 19 to 65+ on the importance of advance directives. (Annotation #8)
6. Counsel and educate parents of young children (infants to age 2) with regard to Viral Upper Respiratory Infection (VURI) on the following:
  - prevention of VURI
  - frequency, symptoms, and normal course of VURI
  - types of respiratory illnesses that occur in children
  - symptoms suggestive of illness other than VURI
  - assessing degree of illness and when to call the clinic
  - home care of VURI
  - good handwashing

(Annotation #11)

Birth to 24 mo	2 to 6 yrs	7 to 12 yrs	13 to 18 yrs	19 to 39 yrs	40 to 64 yrs	65 + yrs	Topics/Subtopics
							1. Nutrition
X							• Breast feeding
X							• Formula use

Birth to 24 mo	2 to 6 yrs	7 to 12 yrs	13 to 18 yrs	19 to 39 yrs	40 to 64 yrs	65 + yrs	Topics/Subtopics
X	X						<ul style="list-style-type: none"> <li>Iron rich diet</li> </ul>
	X	X					<ul style="list-style-type: none"> <li>Parent role models</li> </ul>
	X	X	X				<ul style="list-style-type: none"> <li>Healthy snacks</li> </ul>
	X	X	X	X	X	X	<ul style="list-style-type: none"> <li>Calcium intake</li> </ul>
			X	X			<ul style="list-style-type: none"> <li>Folic acid supplements</li> </ul>
			X	X	X		<ul style="list-style-type: none"> <li>Limit saturated fat</li> </ul>
	X	X	X	X	X	X	<ul style="list-style-type: none"> <li>5 a day (fruits and vegetables rich diet)</li> </ul>
			X	X	X	X	<ul style="list-style-type: none"> <li>Caloric balance/nutrient balance</li> </ul>
	X	X	X	X	X	X	2. Physical Activity
							3. Substance Use/Abuse
X	X	X	X	X	X	X	<ul style="list-style-type: none"> <li>Tobacco (includes passive exposure)</li> </ul>
			X	X	X	X	<ul style="list-style-type: none"> <li>Problem drinking</li> </ul>
			X	X	X	X	<ul style="list-style-type: none"> <li>Alcohol and other drugs</li> </ul>
			X	X	X	X	<ul style="list-style-type: none"> <li>Drinking and driving motor</li> </ul>

Birth to 24 mo	2 to 6 yrs	7 to 12 yrs	13 to 18 yrs	19 to 39 yrs	40 to 64 yrs	65 + yrs	Topics/Subtopics
							vehicles
							4. Injury Prevention
X	X						• Child safety seats
X	X					X	• Falls
X	X	X	X	X	X	X	• Firearm storage
X	X	X	X	X	X	X	• Fire safety
X	X	X					• Flame resistant sleep wear
			X	X	X	X	• Helmets for motorcyclists
X	X	X	X	X	X	X	• Motor vehicles/bicycles
X	X	X					• Poison prevention, water safety, choking
	X	X	X	X	X	X	• Safety belts
X	X	X	X	X	X	X	• Safety helmets
X	X					X	• Water heater safety
							5. Violence and Abuse

Birth to 24 mo	2 to 6 yrs	7 to 12 yrs	13 to 18 yrs	19 to 39 yrs	40 to 64 yrs	65 + yrs	Topics/Subtopics
X	X	X	X	X	X	X	<ul style="list-style-type: none"> <li>Promotion of non-violent behavior and screen for family violence</li> </ul>
							6. Sexual Practices
			X	X			<ul style="list-style-type: none"> <li>Unintended pregnancy prevention</li> </ul>
			X	X	X	X	<ul style="list-style-type: none"> <li>Sexually transmitted disease (STD) prevention</li> </ul>
							7. Mental Health
			X	X	X	X	<ul style="list-style-type: none"> <li>Depression/anxiety awareness</li> </ul>
X	X	X	X	X	X	X	<ul style="list-style-type: none"> <li>Coping skills/stress reduction</li> </ul>
				X	X	X	8. Advance Directives
					X		9. Post Menopausal Hormone Prophylaxis
							10. Skin Cancer
X	X	X	X	X	X	X	<ul style="list-style-type: none"> <li>Protection from ultraviolet (UV) light</li> </ul>
X							11. Viral Upper

Birth to 24 mo	2 to 6 yrs	7 to 12 yrs	13 to 18 yrs	19 to 39 yrs	40 to 64 yrs	65 + yrs	Topics/Subtopics
							Respiratory Infection
X							12. Infant Sleep Positioning and Sudden Infant Death Syndrome (SIDS)
X	X	X	X	X	X	X	13. Preventive Care
			X	X	X		14. Preconception Counseling
X	X	X	X	X	X	X	15. Dental and Periodontal Disease
X							<ul style="list-style-type: none"> <li>Infants and bottles</li> </ul>
X	X	X					<ul style="list-style-type: none"> <li>Fluoride supplements</li> </ul>

The guideline developer recommends that implementation of the Preventive Counseling and Education guideline be tied to a system to perform risk assessment of patients. This enables the provision of a tailored approach to counseling that is specific to an individual patient's risks.

The following approaches apply to each counseling recommendation unless otherwise noted.

WHO is to receive counseling

All patients should benefit from counseling about good health and prevention.

WHO is to counsel and educate

These counseling and educational messages are to be provided by the primary care clinician, nurse, or other health professional or educator.

## WHEN to counsel and educate

In general, some counseling should be carried out at each preventive care visit as well as at other times at clinical discretion. Once compliance with a health behavior has been attained, intermittent reinforcement messages may be substituted. Employers are encouraged to provide educational opportunities for employees using as many different methods as possible at regular intervals.

## WHERE counseling and education should occur

As repetition of counseling messages is desirable, there should be shared responsibility between employers and medical groups for communicating these messages.

## HOW to effectively deliver messages

A wide variety of counseling and education messages are recommended. The recommendation is to spread the messages across several visits when possible so as not to overwhelm the patient or the provider.

Communicating in a direct manner and making clear recommendations is encouraged; often the clinician enjoys a unique teaching relationship with the patient that should be maximized. Several provider attributes favorably impact patients' response to messages:

- Having a strong commitment to addressing preventive counseling and education topics.
- Communicating interest in helping individuals improve current and future health.
- Assessing the patient's readiness to change. The provider should recognize that it is a sign of progress when a patient becomes more ready to change a health-related behavior.
- Individualizing counseling and education based on an individual's more important risk factors. For each individual patient, personalizing the risk of behavior and the benefits of recommended change are effective messages to communicate. A thorough health risk history can help focus the counseling and education effort.
- Selecting behavioral goals that have a high probability of achievement/success. Achieving small incremental changes can lead to sustained, permanent change.
- Not overloading the individual with too many tasks/facts.
- Through use of a flow sheet, keeping track of what counseling and education topics have been covered and which need to be carried out at a future visit.

A principal goal of the preventive encounter is to communicate that the patient can access clinicians and clinics as resources when the patient is interested in learning more information and/or is thinking of changing health-related behaviors. The clinician should cultivate an atmosphere in which the patient feels comfortable returning for such help.

## HOW to effectively reinforce healthy behavior change

Given how challenging it is to change behaviors, it is important to support and reinforce even small improvements in health behavior.

Refer to the original guideline document for more information on preventive counseling and education.

### Levels of Recommendation

The evidence for the effectiveness of counseling interventions is strongest for tobacco cessation, dietary change, and improvements in exercise habits. In several other areas the evidence is unclear due to insufficient research.

There is good evidence to support the recommendation and it should be included in a periodic health examination.

#### Nutrition

- Limit saturated fat
- Breast feeding
- Folic acid supplements

#### Substance Use/Abuse

- Tobacco cessation
- Problem drinking

#### Advance Directives

#### Viral Upper Respiratory Infection Visits

There is fair evidence to support the recommendation and it should be included in a periodic health examination.

#### Nutrition

- Caloric balance/nutrient balance
- Iron rich diet

#### Physical Activity

#### Substance Use/Abuse

- Drinking and driving motor vehicles

#### Injury Prevention

- Child safety seats
- Poisoning prevention
- Flame-resistant sleep wear
- Safety belts

## Sexual Practices

- Unintended pregnancy prevention

## Post Menopausal Hormone Prophylaxis

## Skin Cancer

- Protection from ultraviolet light

## Infant Sleep Positioning and Sudden Infant Death Syndrome (SIDS)

## Dental and Periodontal Disease

- Infants and bottles

There is insufficient direct evidence that counseling on these topics leads to a specific change of behavior; however, there is evidence linking these topics to health conditions/or diseases.

## Nutrition

- 5 a day (fruits and vegetables rich diet)
- Formula use
- Parent role models
- Healthy snacks
- Calcium intake

## Substance Use/Abuse

- Start of tobacco use
- Alcohol and other drugs

## Injury Prevention

- Motor vehicles/bicycles
- Helmets for motorcyclists
- Safety helmets (i.e., bicycle)
- Fire safety
- Water safety, choking
- Falls
- Water heater safety
- Firearm storage

## Violence and Abuse

- Promotion of nonviolent behavior and screen for family violence

## Sexual Practices

- Sexually transmitted disease (STD) prevention

#### Mental Health

- Depression/anxiety awareness
- Coping skills/stress reduction

#### Preventive Care

#### Preconception Counseling

#### Dental and Periodontal Disease

- Fluoride supplements

#### CLINICAL ALGORITHM(S)

None provided

### EVIDENCE SUPPORTING THE RECOMMENDATIONS

#### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The guideline contains an annotated bibliography that classifies the type of evidence supporting the recommendations. The type of supporting evidence is classified for selected recommendations.

The majority of the evidence concerning burden of suffering, efficacy of screening, and efficacy of early detection is taken from the U.S. Preventive Services Task Force (USPSTF) guidelines.

### BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

#### POTENTIAL BENEFITS

- Adoption of the preventive health behaviors addressed in the original guideline document would significantly reduce morbidity and mortality in the general population.
- The guideline document provides the rationale and recommends content, systems support, and resources to encourage health care professionals and educators to actively facilitate health behavior change that can lead to such outcomes as improved health status, reduction in risk factors, and lower costs associated with medical care.

#### POTENTIAL HARMS

Not stated

## QUALIFYING STATEMENTS

### QUALIFYING STATEMENTS

- These clinical guidelines are designed to assist clinicians by providing an analytical framework for the evaluation and treatment of patients, and are not intended either to replace a clinician's judgment or to establish a protocol for all patients with a particular condition. A guideline will rarely establish the only approach to a problem.
- This clinical guideline should not be construed as medical advice or medical opinion related to any specific facts or circumstances. Patients are urged to consult a health care professional regarding their own situation and any specific medical questions they may have.
- This guideline recommends approaches for patients of average risk. It is not intended to diagnose or treat any condition.
- The majority of the evidence concerning burden of suffering, efficacy of counseling, and efficacy of early detection is taken from United States Preventive Services Task Force (USPSTF) guidelines.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

Once a guideline is approved for general implementation, a medical group can choose to concentrate on the implementation of that guideline. When four or more groups choose the same guideline to implement and they wish to collaborate with others, they may form an action group.

In the action group, each medical group sets specific goals they plan to achieve in improving patient care based on the particular guideline(s). Each medical group shares its experiences and supporting measurement results within the action group. This sharing facilitates a collaborative learning environment. Action group learnings are also documented and shared with interested medical groups within the collaborative.

Currently, action groups may focus on one guideline or a set of guidelines such as hypertension, lipid treatment, and tobacco cessation.

Detailed measurement strategies are presented in the original guideline document to help close the gap between clinical practice and the guideline recommendations. Summaries of the measures are provided in the National Quality Measures Clearinghouse (NQMC).

### IMPLEMENTATION TOOLS

Pocket Guide/Reference Cards  
Quality Measures

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

## RELATED NQMC MEASURES

- [Preventive counseling and education - by topic: the percentage of patients with documentation in their medical records of counseling information given within specific topic areas within the last five years.](#)

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Effectiveness

Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Preventive counseling and education - by topic. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 69 p. [132 references]

### ADAPTATION

The Preventive Counseling and Education Work Group's recommendations generally follow the U.S. Preventive Services Task Force (USPSTF) recommendations for counseling, with the exception of the category on "Advance Directives."

### DATE RELEASED

1995 May (revised 2004 Jun)

### GUIDELINE DEVELOPER(S)

Institute for Clinical Systems Improvement - Private Nonprofit Organization

### GUIDELINE DEVELOPER COMMENT

Organizations participating in the Institute for Clinical Systems Improvement (ICSI): Affiliated Community Medical Centers, Allina Medical Clinic, Altru Health System, Aspen Medical Group, Avera Health, CentraCare, Columbia Park Medical Group, Community-University Health Care Center, Dakota Clinic, ENT SpecialtyCare, Fairview Health Services, Family HealthServices Minnesota, Family Practice Medical Center, Gateway Family Health Clinic, Gillette Children's Specialty

Healthcare, Grand Itasca Clinic and Hospital, Hamm Clinic, HealthEast Care System, HealthPartners Central Minnesota Clinics, HealthPartners Medical Group and Clinics, Hennepin Faculty Associates, Hutchinson Area Health Care, Hutchinson Medical Center, Lakeview Clinic, Mayo Clinic, Mercy Hospital and Health Care Center, MeritCare, Minnesota Gastroenterology, Montevideo Clinic, North Clinic, North Memorial Health Care, North Suburban Family Physicians, NorthPoint Health & Wellness Center, Northwest Family Physicians, Olmsted Medical Center, Park Nicollet Health Services, Quello Clinic, Ridgeview Medical Center, River Falls Medical Clinic, St. Mary's/Duluth Clinic Health System, St. Paul Heart Clinic, Sioux Valley Hospitals and Health System, Southside Community Health Services, Stillwater Medical Group, SuperiorHealth Medical Group, University of Minnesota Physicians, Winona Clinic, Winona Health

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## SOURCE(S) OF FUNDING

The following Minnesota health plans provide direct financial support: Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica, Metropolitan Health Plan, PreferredOne, and UCare Minnesota. In-kind support is provided by the Institute for Clinical Systems Improvement's (ICSI) members.

## GUIDELINE COMMITTEE

Preventive Services Steering Committee

## COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Sub Group Members: Andrew Rzepka, MD (Work Group Leader) (Park Nicollet Health Services) (Pediatrics); Peter Rothe, MD (HealthPartners Medical Group) (Internal Medicine); Martha Millman, MD (Mayo Clinic) (Internal Medicine); Ying Zhou, MD (CentraCare) (Internal Medicine); Beth Wodrich, FNP (Family HealthServices Minnesota) (Nursing); Deb Sepeta, PA (Family HealthServices Minnesota) (Family Practice); Beth Green, MBA, RRT (Institute for Clinical Systems Improvement) (Measurement Advisor); Pam Pietruszewski, MA (Institute for Clinical Systems Improvement) (Facilitator)

## FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

In the interest of full disclosure, Institute for Clinical Systems Improvement (ICSI) has adopted the policy of revealing relationships work group members have with companies that sell products or services that are relevant to this guideline topic. The reader should not assume that these financial interests will have an adverse impact on the content of the guideline, but they are noted here to fully inform users. Readers of the guideline may assume that only work group members listed below have potential conflicts of interest to disclose.

No work group members have potential conflicts of interest to disclose.

ICSI's conflict of interest policy and procedures are available for review on ICSI's website at [www.icsi.org](http://www.icsi.org).

#### GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Preventive counseling and education. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Jul. 69 p.

#### GUIDELINE AVAILABILITY

Electronic copies of the updated guideline: Available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](http://www.icsi.org).

Print copies: Available from ICSI, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; telephone, (952) 814-7060; fax, (952) 858-9675; Web site: [www.icsi.org](http://www.icsi.org); e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org).

#### AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- ICSI pocket guidelines. April 2004 edition. Bloomington (MN): Institute for Clinical Systems Improvement, 2004. 404 p.

Print copies: Available from ICSI, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; telephone, (952) 814-7060; fax, (952) 858-9675; Web site: [www.icsi.org](http://www.icsi.org); e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org).

#### PATIENT RESOURCES

None available

#### NGC STATUS

This summary was completed by ECRI on June 30, 1999. The information was verified by the guideline developer on August 4, 1999. This summary was updated by ECRI on October 13, 2000, December 4, 2002 and most recently on April 18, 2003. The updated information was verified by the guideline developer on May 22, 2003. This summary was updated again by ECRI on March 22, 2004 and August 5, 2004.

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